ATTORNEY DOCKET NO. 01231.0023U2 Page 1 of 3

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

○ Origina	al Supple	mental	Substitute	PCI	•
As a below named	l inventor, I hereby	declare the	ut:		•
My residence, pos	t office address an	d citizenshi	p are as stated be	low next to my n	ame.
first and joint inve	original, first and so entor (if plural name atent is sought on the CAGENTS?, whi	es are listed he invention	I below) of the sun entitled "MUT!	bject matter which	ch is claimed CINIA VIRUS
(Check one) ☐		ed on idments thr il Applicati	as United States ough (if applicab on No. PCT/US2	Application No. le); or 004/022165, filed	
specification, incl Tacknowledge the patentability of th	I have reviewed and ing the claims, a duty to disclose a colaims of this app	s amended U informati	by any amendme on known by me	nt referred to abo	ve. Ine
§365(b) of any for any PCT internati States of America application for pa	o. eign priority beneficing application(sonal application word) listed below and lent or inventor's contact of the application.) for patent hich design have also id ertificate, o	or inventor's cert ated at least one o entified below, b rany PCT interna	ficate, or \$365(a country other than y checking the bo tional application	or §365(b) of the United x, any foreign
PRIOR FOREIGN APPLICATIONS: (ENTER BELOW IF APPLICABLE)				PRIORITY (MARK APPRI BEL	OPRIATE BOX
APPLICATION NUMBER	COUNTRY		ONTH/YEAR TLED	YES	NO:

ATTORNEY DOCKET NO. 01231.0023U2 Page 2 of 3

I hereby appoint the attorneys and/or agent(s) associated with the following customer number to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Customer No. 23859

Address all telephone calls to Mitchell A. Katz at telephone no. (678) 420-9300.

Address all correspondence to the address associated with:

Customer No. 23859

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Inventor:	Bertram Jacobs			
Inventor's Signature:			Date:	
Residence:	1004 S. Wilson Street	1		-9
Post Office Address:	Tempe, AZ 85281 Same as above		÷ .	
Citizenship:	US			
Full Name of Inventor:	Chandra Mitnik			
Inventor's Signature:	Chandranifi		Date: U	21/06
Residence:	1056 E. Sandpiper Drive			
Post Office Address:	Tempe, AZ 85283 Same as above			15 ×
Citizenship:	US			

320049-1

2

ATTORNEY DOCKET NO. 01231:0023U2 Page 3 of 3

Full Name of Inventor:	ntor: Jeffrey Langland				
Inventor's Signature:	Date:	·			
Residence:	506 W. El Alba Way				
Post Office Address:	Chandler, AZ 85225 Same as above				
Citizenchin:	LIC				

320049-1

ATTORNEY DOCKET NO. 01231.0023U2 Page 1 of 3

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

⊠ Original	Supplem	ental Substit	nute PCT	
As a below named in	ventor, I hereby d	eclare that:		: ••
My residence, post o	ffice address and o	citizenship are as state	ed below next to my	name.
I believe I am an originst and joint inventorand for which a pater AS ONCOLYTIC	or (if plural names at is sought on the	are listed below) of the invention entitled "N	he subject matter w	hich is claimed CCINIA VIRUS
(Check one)	and with amend in International	d hereto, or on, as United on, as United on the control of the control on (if applicable).	licable), or	
I hereby state that I h specification, includi				
I acknowledge the dipatentability of the cl Regulations, §1.56.				
I hereby claim foreig §365(b) of any foreig any PCT internations States of America, his application for patent filing date before tha	in application(s) fi il application which sied below and ha t or inventor's cent	or patent or inventor's h designated at least ve also identified belo ificate, or any PCT in	certificate, or §365 one country other thow, by checking the itemational applicat	(a) or §365(b) of an the United box, any foreign
PRIOR FOREIGN APPLICATIONS: (ENTER BELOW IF APPLICABLE)			(MARK API	TY CLAIMED PROPRIATE BOX ELOW)
APPLICATION NUMBER	COUNTRY	DAY/MONTH/YEAR FILED	YES	NO

320049-1

ATTORNEY DOCKET NO. 01231.0023U2 Page 2 of 3

I hereby appoint the attorneys and/or agent(s) associated with the following customer number to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Customer No. 23859

Address all telephone calls to Mitchell A. Katz at telephone no. (678) 420-9300.

Address all correspondence to the address associated with:

Fall Harry on E. Lewise

Customer No. 23859

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Inventor:	Bertram Jacobs
Inventor's Signature:	Sout tout Date: 7 3/06
Residence:	1004 S. Wilson Street
Post Office Address:	Tempe, AZ 85281 Same as above
Citizenship:	'US
Full Name of Inventor:	Chandra Mithik
Inventor's Signature:	Date:
Residence: Post Office Address:	1056 B. Sandpiper Drive Tempe, AZ 85283 Same as above
Citizenship:	vs
320049-1	

ATTORNEY DOCKET NO. 01231.0023U2 Page 3 of 3

Full Name of Inventor:	Jeffrey Langland				
Inventor's Signature:			Date: _		
Residence:	506 W. El Alba Way Chandler, AZ 85225				
Post Office Address:	Same as above			:	
Citizenchine	Tre	4			

1200049.1

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

Original		emental Substitute	PCT	
As a below named in	nventor, I hereby	y declare that:		
My residence, post of	office address an	d citizenship are as stated	below next to my na	ime.
first and joint invent and for which a pate	or (if plural namnt is sought on t	ole inventor (if only one nes are listed below) of the he invention entitled "MU ch is described and claime	subject matter whic	h is claimed
(Check one)	and with amer in Internations	hed hereto, or ed on, as United Standments through (if applical Application No. PCT/Used on (if applicable).	able), or	
		nd understand the contents is amended by any amendr		
_	•	ll information known by molication in accordance with		
I hereby claim foreign priority benefits under Title 35, United States Code §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) or §365(b) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed:				
	R FOREIGN APPI ER BELOW IF AF		PRIORITY (MARK APPRO	
,	•		BELO	OW)
APPLICATION NUMBER	COUNTRY	DAY/MONTH/YEAR FILED	YES	NO
				1

320049-1

I hereby appoint the attorneys and/or agent(s) associated with the following customer number to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Customer No. 23859

Address all telephone calls to Mitchell A. Katz at telephone no. (678) 420-9300.

Address all correspondence to the address associated with:

Customer No. 23859

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Inventor:	Bertram Jacobs		
Inventor's Signature:		Date:	
Residence:	1004 S. Wilson Street		
Post Office Address:	Tempe, AZ 85281 Same as above		
Citizenship:	US		
Full Name of Inventor:	Chandra Mitnik		
Inventor's Signature:		Date:	
Residence:	1056 E. Sandpiper Drive		
Post Office Address:	Tempe, AZ 85283 Same as above		
Citizenship:	US		

ATTORNEY DOCKET NO. 01231.0023U2 Page 3 of 3

Full Name of Inventor: Jeffrey Langland

Inventor's Signature: Off Off Date: 6/28/06

Residence: 506 W. El Alba Way

Post Office Address: Chandler, AZ 85225

Same as above

Citizenship: US